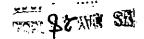
MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH STATE FILE NUMBER Primary Registration District No. _____Registrar's No. ____ DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH * county Daviess . STATE Missourib County Daviess VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY OR Length of stay in 16 Inside Limits TÖWN 24 Yrs. TOWN Yes 💢 No 🛚 Gallatin Gallatin c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS INSTITUTION YestX□ No □ Yes No Y 3. NAME OF DECEASED First Middle Last DATE Month Day Year (Type or print) 1.962 DEATH Robert 0wen Terry Mav Ĉ 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 7. Married X 5. SEX 6. COLOR OR RACE Never Married □ 8. DATE OF BIRTH Months Widowed [Divorced 🔲 -1-16-1903 59 White Male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Hi-Way Construction Daviess Co. Mo. USA Laborer 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME C Opal Terry Nora Ogden David N. Terry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of serv Mrs. Opal Terran. Gallatin, Mo. INTERVAL BETWEEN DOCUMENT ONSET AND DEATH 10 IMMEDIATE CAUSE (a) 11 Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was disease condition given in PART I (a) there a pregnancy in last 90 days. AMENDMENTS ☐ Yes ☐ No □ Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO 20c TIME OF Hour Month, Day, Year RIBBON INJURY BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED farm, factory, street, office bldg., etc.) WHILE AT WORK | NOT WHILE AT WORK | **YPEWRITER** READ and last saw him alive on... on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD USE Degree or title ᆼ AFFIDAVIT 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL (Specify) S. Gallatin, Mo. 5-8-1962 Brown Cemetery Burial 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE ADDRESS 盏 24. FUNERAL DIRECTOR Funeral Home, Gallatin, Mo. (Licensed Embalmer's Statement on Reverse Side)

APROX APROX



STATEMENT BY LICENSED EMBALMER

hat the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
nal supervision.	, Student imbelmer No
ire of Student Embalmer	Signed & Nichesson
	Licensed Embalme) No. 33027 P. O. Addres Fallatur, Mo.
-	nal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.